

Little Rascals

05-Form No: 3-03

REGISTRATION FORM - NURSERY

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Last Up-dated 13th September 2012

A: DETAILS & HISTORY OF CHILD

Surname:		First Names:																					
Known as:		Date of Birth:																					
Gender M/F:		Religion:																					
Ethnic Origin:		First Language:																					
FAMILY DOCTOR	Name:		Tel No:																				
	Address:																						
HEALTH VISITOR	Name:		Tel No:																				
	Address:																						
MEDICAL HISTORY	IMMUNISATION - please tick if your child has been vaccinated against the following: <table border="1" style="margin: 10px auto; width: 80%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Diphtheria</td> <td style="width: 10%;"></td> <td style="width: 40%;">Poliomyelitis</td> <td style="width: 10%;"></td> </tr> <tr> <td>Tetanus</td> <td></td> <td>Mumps</td> <td></td> </tr> <tr> <td>Whooping Cough</td> <td></td> <td>Measles</td> <td></td> </tr> <tr> <td>HIB Meningitis</td> <td></td> <td>Rubella</td> <td></td> </tr> <tr> <td>Meningitis C</td> <td></td> <td>BCG</td> <td></td> </tr> </table>			Diphtheria		Poliomyelitis		Tetanus		Mumps		Whooping Cough		Measles		HIB Meningitis		Rubella		Meningitis C		BCG	
	Diphtheria		Poliomyelitis																				
	Tetanus		Mumps																				
	Whooping Cough		Measles																				
	HIB Meningitis		Rubella																				
	Meningitis C		BCG																				
INFECTIOUS DISEASES - Has your child had any infectious diseases? If so please provide dates and details:																							
ALLERGIES & SENSITIVITIES - Does your child have any allergies (including allergies to pets) - YES/NO please provide details:																							
MEDICATION - is your child taking any REGULAR medication? If so please give details and method of administration (e.g. tablets, syrups, injection):																							
Does your child have any medical or health problem, or are there any medical procedures that may be prohibited by religion or culture, that we need to be aware of?																							
FOOD & DIETARY NEEDS	Food preferences:																						
	Food dislikes:																						
	Food intolerances / sensitivities:																						
	Food forbidden by religion or culture:																						
SPECIAL REQUIREMENT	Does your child have any other requirements (religious/cultural etc). If so please give details																						

B: DETAILS OF PARENT / GUARDIAN / CARER WHO THE CHILD LIVES WITH

PARENT / CARER 1 <div style="border:1px solid black; padding:5px; text-align:center;"> Please add a photo here </div>	Name:	Tel No:		
			Mobile:	
	Address:			
	E mail address:			
	Work Address:			
	Work Tel No:	Email:		
Relationship to the child				
Responsibilities (tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees	<input type="checkbox"/>
	Collect the child	<input type="checkbox"/>	Contact in an emergency	<input type="checkbox"/>
PARENT / CARER 2 <div style="border:1px solid black; padding:5px; text-align:center;"> Please add a photo here </div>	Name:	Tel No:		
			Mobile:	
	Address:			
	E mail address:			
	Work Address:			
	Work Tel No:	Email:		
Relationship to the child				
Responsibilities (tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees	<input type="checkbox"/>
	Collect the child	<input type="checkbox"/>	Contact in an emergency	<input type="checkbox"/>

C: NAME OF PARENT WITH WHO THE CHILD DOES NOT LIVE.

Name:	Tel No:			
Address:				
Relationship to Child:				
If parents are separated or divorced has a court order been granted - Yes/No What condition(s) does this order state.....				
Does this parent have joint custody? YES/NO				
Responsibilities (tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees	<input type="checkbox"/>
	Collect the child	<input type="checkbox"/>	Contact in an emergency	<input type="checkbox"/>

D: OTHER CONTACT NUMBERS (other than Parent / Guardian / Carer)

Name:		Tel::	
Address:			Postcode:
Relationship to Child:			
Responsibilities (tick all that apply)	Collect the child <input type="checkbox"/>	Contact in an emergency	<input type="checkbox"/>

Name:		Tel::	
Address			Postcode:
Relationship to Child:			
Responsibilities (tick all that apply)	Collect the child <input type="checkbox"/>	Contact in an emergency	<input type="checkbox"/>

E: COLLECTION PASSWORD.

To ensure all children are only collected by authorised people please chose a password that is personal and only give it to those who are authorised to pick up.	Password:
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F: CHILD CARE SESSIONS REQUIRED (please tick each relevant box)

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
FULL DAY 8am-6pm					
MORNING 8am-1pm					
AFTERNOON 1pm-6pm					
AFTERNOON 1pm-4pm (over 2's)					
8am -4pm (under 2's only)					
Preferred Start Date					

The registration form incorporates the fees schedule and terms and conditions.

Upon signing this form the parents are deemed to have read, understood and agreed the same.

PLEASE ATTACH A COPY OF THIS CHILD'S BIRTH CERTIFICATE STATING PARENTS FULL NAMES.

Birth Certificate No:..... Managers Signature Date:.....

Data Protection; In line with current Data Protection Legislation the information you have provided on these forms will be kept securely and treated confidentially. The data that has been provided will only be used by Little Rascals and will not be shared with any other sources without your consent.

Signature: (parent/guardian)	Signature: (parent/guardian)
Print Name;	Print Name;
Date;	Date;

On behalf of Little Rascals Print Name;	Date;
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